

Amendment No. 1 to SB1926

Crowe
Signature of Sponsor

AMEND Senate Bill No. 1926*

House Bill No. 2122

by deleting all language after the caption and substituting instead the following:

WHEREAS, primary medical care is the foundation of an effective and efficient healthcare delivery system; and

WHEREAS, the State of Tennessee seeks to continually and effectively impact the healthcare shortages of rural and underserved populations of the State, attempts to prevent further closure of critical access and small community hospitals, and continues to address the opiate addiction crisis of the State; and

WHEREAS, there is a need to strengthen the primary medical care workforce through enhanced doctoral level training for non-physicians who can be a part of a patient care team providing improved access to high quality medical care within this State; and

WHEREAS, upon successful completion of a doctorate in a medical science program, a graduate will be eligible for an essential access practitioner license that will require ongoing collaboration with physicians and demonstration of competency in the practice of medicine as part of the patient care team providing primary medical care services within this State; and

WHEREAS, doctors of medical science function in team-based care with physician oversight manifest by licensing under the Board of Medical Examiners, advanced training by physicians in an accredited allopathic or osteopathic medical school, by physician sponsorship to enter and complete an essential access practitioner training program, and by license renewal requirements, including documentation of ongoing affiliation or association with physicians as members of the patient care team; and

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WHEREAS, it is important for essential access practitioners to have opioid awareness and receive training, through the doctor of medical science program, that is consistent with current recommendations and guidelines as it relates to the provision of primary care; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 32, is amended by adding the following new part:

63-32-201.

This part shall be known and may be cited as the "Essential Access Practitioner Act."

63-32-202.

As used in this part, unless the context otherwise requires:

(1) "Board" means the board of medical examiners, created by § 63-6-101;

(2) "Collaboration" means a formalized communication and decision-making process among members of a patient care team, including communication of data and information about the treatment and care of a patient and development of an appropriate plan of care;

(3) "Essential access practitioner" means a healthcare practitioner licensed pursuant to this part;

(4) "Patient care team" means a team of primary care providers, including one (1) or more licensed physicians for the purposes of providing primary medical care services to patients;

(5) "Physician" means a person lawfully licensed to practice medicine pursuant to chapter 6 of this title or osteopathic medicine pursuant to chapter 9 of this title;

(6) "Physician assistant" has the same meaning as defined in § 63-19-102;

(7) "Primary care" means comprehensive first contact and continuing care for persons with any undiagnosed signs, symptoms, or health concerns in a variety of healthcare settings using consultation and referrals as appropriate; and

(8) "Primary care sponsoring physician" means a licensed physician, board certified or board eligible in primary care or internal medicine, who oversees the essential access practitioner candidate during the two (2) years of advanced training and skill enhancement as part of the essential access practitioner's doctoral program in medical science.

63-32-203.

The board has the duty to:

(1) Promulgate, in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5:

(A) All rules that are reasonably necessary for the performance of the duties of the essential access practitioner, including, but not limited to, rules that specify the acts and offenses that subject the licensee to disciplinary action by the board pursuant to subdivision (7);

(B) Rules that detail the range of primary care services that may be offered by an essential access practitioner; provided, however, an

essential access practitioner may perform tasks that are within the essential access practitioner's range of skills and competence and are consistent with the protection of the health and well-being of patients; and

(C) All rules reasonably necessary for the transfer, suspension, and reinstatement of an essential access practitioner license;

(2) Set fees relative to the examination, licensure, and licensure renewal of essential access practitioners in an amount sufficient to pay all of the expenses relative to administering this part and establish and collect a late renewal fee from those essential access practitioners who fail to renew their licenses in a timely manner;

(3) Review and approve or reject the qualifications of each applicant for initial licensure as an essential access practitioner;

(4) Biennially review and approve or reject the qualifications of each applicant for biennial licensure renewal. The board shall condition approval for renewal on receipt of evidence satisfactory to the board of the applicant's successful completion, within a two-year period prior to the application for license renewal, all required hours of accredited continuing medical education approved by the board. The board may, in its discretion, waive or modify the continuing medical education requirement in cases of retirement, illness, disability, or other undue hardship;

(5) Issue, in the board's name, all approved essential access practitioner licenses and renewals;

(6) Collect or receive all fees, fines, and moneys owed pursuant to this part and to pay the same into the general fund of the state. For the purpose of implementing subdivision (2), all fees, fines, and moneys collected pursuant to

the regulation of an essential access practitioner must be designated as such;
and

(7) Deny, suspend, or revoke the license of, or to otherwise discipline by a fine, not to exceed one thousand dollars (\$1,000), or by reprimand, a licensee who is guilty of violating this part or who is guilty of violating the rules of the board promulgated pursuant to subdivision (1). When sanctions are imposed on a licensee pursuant to this subdivision (7), the licensee may, in addition, be required to pay the actual and reasonable costs of the investigation and prosecution of the case, including the costs incurred and assessed for the time of the prosecuting attorney or attorneys, the investigator, or investigators, and any other persons involved in the investigation, prosecution, and hearing of the case. The board may limit, restrict, or impose one (1) or more conditions on a license at the time it is issued, renewed, or reinstated or as a sanction imposed at the conclusion of a disciplinary hearing.

63-32-204. To qualify for licensure as an essential access practitioner under this part, an applicant must possess a doctorate in medical science from a program that meets the following requirements:

(1) The doctor of medical science program must be a minimum of two (2) years of advanced graduate study beyond the physician assistant master's degree;

(2) The doctor of medical science program, or equivalent program, must be approved by a regional body under the United States department of education;

(3) The doctor of medical science program must be taught at a nationally accredited allopathic or osteopathic school, and the faculty consists of licensed physicians and other doctorate level educators;

(4) The initial application to the doctor of medical science program requires that the applicant has maintained a clinical practice with a minimum three (3) years of full-

time equivalent clinical experience in family medicine, internal medicine, or emergency medicine as a licensed physician assistant in this state or in another jurisdiction that, at a minimum, satisfies the requirements of § 63-19-105; and

(5) The doctor of medical science program applicant must demonstrate the ability to continue clinical practice in primary care as part of a patient care team that includes a sponsoring primary care physician throughout the doctor of medical science training program.

63-32-205.

(a) No person shall represent to be or function as an essential access practitioner under this part unless the person holds a valid essential access practitioner license issued by the board. The board shall not license a person as an essential access practitioner unless the person demonstrates to the satisfaction of the board that the person:

(1) Is a graduate of a doctor of medical science program that meets the requirements set out in § 63-32-204;

(2) Has successfully completed a national examination that has been approved by the board on the certification of essential access practitioners, with reexamination every ten (10) years or as required by the board; and

(3) Is working in a team-based care model and is affiliated or associated with a hospital or physician practice that provides primary care services. Nothing of this part prohibits an essential access practitioner from consulting with or referring other physicians with medical expertise beyond the expertise of the person seeking licensure as an essential access practitioner.

(b) For license renewals, the licensee must provide to the board documentation of effective team-based care, such as proof of good standing with a hospital medical staff or letters of recommendation from physician care team members.

(c) The board may require that an applicant for licensure as an essential access practitioner appear before the board to answer any questions regarding the applicant's fitness for licensure.

(d) A person licensed under this part as an essential access practitioner is subject to chapter 6 of this title, applicable to the practice of medicine and any rules adopted by the board.

63-32-206.

(a) The board shall provide for renewal of licenses for a person licensed under this part as an essential access practitioner in the same manner as provided in § 63-6-210 for medical doctors, with the further requirement that the renewal application includes documentary evidence of requirements outlined in § 63-32-205(a)(3).

(b) Every essential access practitioner shall biennially pay a licensing renewal fee as set by the board. In order for a license to be renewed, licensees shall also present evidence, as determined by the board, demonstrating to the board that the licensee in the two (2) years preceding the application for renewal successfully completed all required hours of continuing medical education and met all of the other requirements of this part. The board may, in its discretion, waive or modify the continuing medical education requirements in cases of retirement, illness, disability, or other undue hardship.

(c)

(1) When any essential access practitioner fails to renew the person's license and pay the biennial license fee within sixty (60) days after license renewal becomes due as provided in this section, the license of the person shall be automatically revoked at the expiration of the sixty (60) days after the registration was required, without further notice or hearing.

(2) Any person whose license is automatically revoked as provided in subdivision (c)(1) may make application in writing to the board for the reinstatement of the license and, upon good cause being shown, the board, in its discretion, may reinstate the license.

63-32-207.

(a) An essential access practitioner shall function only in collaboration with a patient care team.

(b) An essential access practitioner may perform those tasks that are within the essential access practitioner's range of skills and competence and that are consistent with the protection of the health and well-being of the patients, as determined by the board.

(c) Section 63-6-218 applies to a licensed essential access practitioner.

63-32-208.

An essential access practitioner rendering professional services inconsistent with this part is considered to be practicing medicine without a license and is subject to appropriate legal action by the board.

63-32-209.

All administrative proceedings for disciplinary action against a licensee under this part must be conducted by the board in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 2. Tennessee Code Annotated, Section 63-1-102(2), is amended by adding the following as a new subdivision:

() Essential access practitioner licensed under chapter 32, part 2 of this title;

SECTION 3. Tennessee Code Annotated, Section 63-1-109(a), is amended by adding the following new subdivision:

() "Essential access practitioner" for licensed practitioners with a doctorate in medical science that meets the qualifications in § 63-32-204;

SECTION 4. Tennessee Code Annotated, Section 53-10-104(a), is amended by inserting the language "an essential access practitioner pursuant to guidelines set by the board of medical examiners;" after the language "certified physician assistant;".

SECTION 5.

(a) The board of medical examiners shall promulgate rules, including emergency rules, to effectuate the provisions of this act no later than January 1, 2019. The rules shall be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(b) The board of medical examiners may form an advisory committee made up of representatives from the board and other stakeholders, which may include representatives from a school offering an essential access practitioner program, to assist in the rulemaking process.

SECTION 6. For rulemaking purposes, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect July, 1, 2018, the public welfare requiring it, and an essential access practitioner license shall be available by the board not later than July 1, 2019.